

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1070

FILED MAR 18 1946

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether)  
 In this community 9 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2925 Denver 8  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Henson  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 500-07-8631

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 3  
 year 1946 hour 2 minute 45 A.M.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Barbara E.  
 6. (c) Age of husband or wife if alive 46 years  
 7. Birth date of deceased July 27 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 27 1946 to March 3 1946;  
 that I last saw him alive on March 3 1946;  
 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 7 Days 76  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Bronchogenic carcinoma  
Terminal bronchopneumonia

9. Birthplace Ludlow Kentucky  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 47C  
(Include pregnancy within 3 months of death)

10. Usual occupation Tinner and Painter

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business Owner and Manager

MOTHER FATHER {  
 12. Name Wm. T. Henson  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Bell Shadley  
 15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy None

16. (a) Informant Mrs. Barbara E. Henson  
 (b) Address 2925 Denver, K. C., Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof 3 - 6 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Marys Cemetery

18. (c) Signature of funeral director Melody-McGilley-Eylar  
 (b) Address 1800 E. Linwood, K. C., Mo.

23. Signature Clark W. Self  
(M.D. or other)  
 Address Med. Dir. Gen'l HOSP. Date signed 3-4-46

19. (a) 3-4-46 (b) Gerardine Holmes  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8379

Smith

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
.....  
Licensed Embalmer No.....  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**